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DISEASE AND DEATH ON THE STAGE.

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THE climax of many plays is the death, in one shape or another, of the heroine, or, sometimes, but more rarely, of the hero. In other dramas sickness or injury of one kind or another plays an important part in the action or even in the plot of the piece. These ills of humanity are by no means confined to melodramas, although a melodrama without a death or deaths would be somewhat strange. In tragedy, death is the culmination of the deception practised on Othello, of the madness of Lear, or of the mistaken patriotism of Brutus. In Webster's most gloomy of plays, *The Duchess of Malfi*, death comes to the heroine as a release from the horrors with which her enemies have surrounded her. Death, too, is the long-looked-for friend of Lady Dedlock, and it throws its mantle of charity over the sins and sorrows of Camille. To the actor and actress, then, there comes a necessity for the study of death and its forerunner, disease.

Perhaps the most common mistake of the lay mind is the association of the dramatic with the conception of death. Nothing is more common than to hear from the pulpit pictures in words of excitement, of alarm, of terror, of the death-beds of those who have not lived religious lives, yet, as a rule, if these pictures are supposed to be those of the unfortunates at the moment of death, they are utterly false. In point of fact, ninety-nine of every hundred human beings are unconscious for several hours before death comes to them; all the majesty of intellect, the tender beauty of thought or sympathy or charity, the very love for those for whom love has filled all waking thoughts, disappear. As a little baby just born into the world is but a little animal, so the sage, the philosopher, the hero or the statesman, he whose

thoughts or deeds have writ themselves large in the history of the world, become but dying animals at the last. A merciful unconsciousness sets in as the mysterious force we call life slowly takes leave of its last citadel, the heart, and what is has become what was. This is death.

It is apparent that such a death as this would not serve the purposes of the playwright. On the stage, where action is the primary demand in the climax of the play, death must be made dramatic. While this is possible, the various causes which produce what I may call a dramatic form of death vary greatly with the cause of the death itself, and, judging from what I have personally seen or from that which I have read, there are many actors and actresses who do not understand this. Or, if they do, they have failed to learn what are the physical symptoms, the movements of the body or parts of it, that invariably follow certain causes of death. To illustrate my meaning, I will take as an example death when caused by a bullet through the heart.

I am not unmindful of the fact that actors or actresses must, to a certain extent, be conventional in their work. That is, they must present to their audiences that action which those audiences have been accustomed to associate with certain causes. A familiar illustration which presents itself is the first series of photographs taken of a horse galloping, by Muybridge of San Francisco. We had all been accustomed to the conventional galloping horse, and when the camera revealed to us the real movements they came as a kind of shock. It was almost impossible to believe that a horse could assume such strange positions. I remember one, particularly, in which the animal appeared standing on one fore leg, the other three being in the air. Since then our artists have painted and drawn horses, while in rapid motion, in their real attitudes—as, for example, in the pictures of Frederick Remington—and our eyes have become accustomed to these positions. But those of us who remember the pictures taken by Muybridge will remember also the feeling of incredulity with which we looked at them. Precisely the rules implied here hold good of the stage. An actress is supposed to swallow poison in the form of arsenic. The first real effect of this would be to cause in the person taking it the most violent colic imaginable, and it would be physically correct were the actress to roll about on the stage pressing her hands on her stomach. Yet it is apparent that no audi-

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ence would tolerate such action on her part, and no one in that audience, unless it were a physician or toxicologist, would accept the action as holding the mirror up to nature. For all that, it would not only be right but anything else would be ridiculous and absurd.

To return to the death caused by a bullet through the heart. The causes of death are cutting the heart, letting the blood into the lung cavity, which is also cut into, and stopping the circulation. When the blood floods the lung cavity there would be an instinctive effort to throw it out, and the sufferer might cough it up. This is the only thing connected with the cause of death which could by any possible means be represented on the stage. But this would not be in the least dramatic; it would be, if faithfully carried out, very disgusting. There would be a bubbling kind of cough, an appearance of great distress and finally a hemorrhage from the mouth. The causes of death in this case, therefore, cannot be represented. I suppose that all of my readers understand it is impossible to suddenly disturb any group of nerves without producing what are called reflex (when so produced reflex may be translated involuntary or automatic) actions in more or less of the other nerves. If you smash your finger you will generally jump; the disturbance of the nerves of the finger produces involuntary action (we call this reflex) of the nerves of the legs, through the spinal cord and, as the nerves govern and move the muscles, the jump follows.

Now, the movement of the heart, its beating, which draws in and squeezes out the blood, and thus causes the circulation of that fluid through the arteries and veins, is controlled and carried on by nerves which are not subject to our will. No man on this earth can, by any exercise of his will, even lessen the beating of his heart. It is, perhaps, because the nerves of the heart carry on this work automatically that any disturbance of them has the greatest possible effect on all other nerves of the body. The automatic or reflex action following this disturbance is general, and the effects of the shock are most noted. When, then, an actor or an actress simulates death from a bullet through the heart, he or she simulates not the symptoms of the death itself, but those of the reflex action caused by the disturbance of the nerves. And of these there are enough to warrant any amount of action.

The majority of people who have been shot through the heart have jumped high in the air, waved or tossed the arms, turned partly around and fallen. This act is the result of a simultaneous movement of every muscle in the body, and, of course, in it the muscles of greatest strength, those of the thighs, have directed the general result. In the case of Harry Larkyns, shot through the heart by Muybridge, the photographer, in California in 1874, the victim ran through a short hall way and open door, and dropped under a tree in the back yard. These short bursts of speed are not uncommon. Harold Strange, a soldier in Meade's army at Gettysburg, was shot through the heart at the Bloody Angle. He leaped the stone wall, and ran towards the Confederate line, falling just as he reached it. A man shot through the heart by Juaquin Murietta, the bandit, turned two somersaults and fell. Violent, intense action, in a blind, unreasoning fashion, results from the shock when a person is shot through the heart.

It is common enough to see Othello fall down as he reads the line

“and smote him, thus!”

The Moor is supposed to have stabbed himself to the heart, but, from a physician's standpoint, the fall is absurd. The same objection is pertinent when Brutus kills himself. In each case the death is meant to be dignified; nor am I perfectly certain that audiences would tolerate anything else. In point of fact, however, you can understand, from what I have already written, that it would be impossible for any man to control the reflex action of the other nerves when those of the heart are so suddenly disturbed, and with this would come the involuntary movement of all the muscles, the greater again dominating the action. A man stabbed to the heart would act in very much the same way as one shot, nor would it be possible for him to prevent it. We all have had hiccough, and we all know the vexatious way in which this annoying involuntary spasm of the muscles defies the will power; yet a man could far more easily control this than he could the reflex action of the nerves producing involuntary movements of the muscles which would follow with the shock produced by sudden disturbance of the nerves of the heart.

From King Lear to that maniac wife of Rochester in *Jane Eyre*, whose solitary shriek before the audience, as she rushes across the stage in her only appearance has always seemed to me

supremely ridiculous, the range of madness in the drama is very wide. In that most horrible of all plays, Webster's *Duchess of Malfi*, a number of the insane appear, when the drama is produced as it was written—something never done nowadays. I am not quite prepared to say that madness should never be represented behind the footlights, but I confess to a feeling that the less we see of it the better. It seems to me the affliction of the demented is so awful that it should almost be held sacred. I feel about it as a devout Catholic would feel were it proposed to have mass in the playhouse, or as many good people felt when the scheme was on foot to produce the "Passion Play" in New York.

As a matter of fact, madness, insanity, dementia in any form, is not in itself dramatic. The acts of the insane, of course, may be ; as, for example, when a person is supposed to have homicidal mania and kills another. In this case there is an added horror in the act when we reflect that the murderer is wholly irresponsible. The same horror inheres in it as that which Poe made such use of in his *Murders in the Rue Morgue*. It is the thought that, awful as the crime is, it is the crime of a brute, of an animal that does not realize what it is doing. While this is all true, the act itself gathers its dramatic force far more from the fact that life is taken, that death, which we all instinctively hate, comes to the victim before his or her time. We must be careful to duly separate the dramatic from the horrible ; the first results from the act apart from anything else, the second from the madness which is the irrational, unreasoning cause.

As I have said, there is nothing dramatic in madness. The insane, apart from the particular belief or fixed idea which marks their insanity, are very much like other people. Were any one to go to Bloomingdale or to the farm for the insane on Long Island, he would find it difficult to believe at first that those about him were not in all respects like other people. It is this fact which is at the base of the many stories we see in the daily press of people who are kept in asylums without cause. The popular idea of an insane person—an unfortunate, who crouches in a corner of a room, and there gibbers and mows at all—is nowadays utterly without foundation. Undoubtedly in those times now long gone by, when the insane were treated as criminals, the horrible picture of the madhouse, as drawn by Hogarth, was justified ; but

to-day, thanks to the greater knowledge we have and the spread of humanitarian feelings, it would be absurd.

In nothing do the player folk yield more to the popular and conventional ideas of their audience than in their personation of the insane. While this is, I suppose, necessary, it is yet to be sincerely regretted. Madness is a sufficiently awful affliction, and the sorrow of those whose loved ones are suffering is great enough, without having it intensified by misrepresentation. While I cannot say that I think actors and actresses can do anything else, having before them the supreme necessity of making their action dramatic, it is this fact which adds to my dislike to seeing insanity depicted behind the footlights.

Many of the great actors and actresses have sought to study the insane for purposes of their art. The late John McCullough—himself fated to end his days at Bloomingdale, poor fellow!—told a friend of mine once that he had been studying insane patients before producing *Lear*. He complained, or rather spoke, of the fact that in no way did their actions differ from those of others and of the difficulty he found in getting any hints or lessons from them. In this he was right, for a sane man personating insanity is far more insane than are the mad themselves. In fact, when for any reason a person puts on insanity (a man accused of murder, as was Guiteau, for example), he is almost invariably found out because he overdoes it. But Mr. McCullough told a good story of Forrest which I have never seen in print. It seems that Forrest, before playing the same part, went to an insane asylum near Philadelphia for the same purpose. He watched one of the male patients for some time, during which the man kept saying: "I wonder how long! I wonder how long! I wonder how long!" Finally Forrest interrupted him. "What is it that you wonder how long?" he said. The man turned on him with a laugh. "I wonder how long a d—d fool like you will stand there looking for something he can't see."

Perhaps one of the best known deaths on the stage is that of Camille in Alexandre Dumas's play. Camille is supposed to die of consumption and the death comes from hemorrhage of the lungs. Now, in point of fact, the action of the body following hemorrhage of the lungs has nothing dramatic about it. If the blood vessel which breaks is very large there may be a semi-convulsion resulting from shock. Otherwise, the death comes from

loss of blood that pours from the mouth or from strangulation ; that is, the lungs fill with blood, so that the sufferer cannot breathe. But such a death as this would not satisfy the demands of the stage, or what are believed by many persons to be those demands, and we therefore see Camille in strong convulsions. It is the old story of the galloping horse once more.

There are many deaths on the stage in plays when the cause of death is supposed to be heart disease. As a matter of fact, there are a number of diseases of the heart, in the majority of which the person dies because the heart simply stops beating. When this happens a real death is like nothing so much as a faint or syncope, the sufferer merely collapses and the end has come. About such deaths, however, there is nothing dramatic, and actors and actresses, therefore, generally choose to personate that form of heart disease known to physicians as *angina pectoris*. In this disease there is the most intense pain conceivable, and those suffering from it not only manifest the intolerable character of the pain by walking up and down, by moaning or crying, by throwing the arms about and sometimes by beating the chest with the clenched fist, but they often have convulsions in which all parts or limbs of the body are violently distorted. This disease gives any person ample opportunity for action, and as it is always advisable for an actor or actress to study that which he or she is to portray, the following story is worth telling. I should say that, while the story is true, I am quite certain there are very few physicians who would be guilty of the disgraceful part played by this one. An actress in New York, having to personate death by heart disease, went to her physician to get from him some directions. He told her he had a patient who had *angina pectoris* and asked the actress to come to his office on a certain day. When she came he had his patient, a poor woman, there. He ordered the patient to run up stairs as fast as possible, giving some excuse. This the woman did and brought on thereby an attack of the disease. She suffered and depicted the agony of the seizure while the actress watched her carefully, and she nearly died in the attack. It does not palliate the monstrous cruelty of this performance that the actress gave the woman a hundred dollars. The end was served, the actress personated the disease in the play and was very successful. Many of those who will read this story well know the people referred to, and I only regret that a promise, given before I heard it, binds

my pen. I think that physician should be held up to the execration of all good men. I believe the actress, if she knew what was to be done, was ignorant of the possible consequences and wholly failed to realize the hideous cruelty of the affair, but no such excuse may be pleaded for the man who planned it.

Speaking of studying disease, Richard Mansfield, as Baron Chevrial in *A Parisian Romance*, personates the unilateral convulsions (that is, convulsions of one side of the body only) of apoplexy better than I have ever seen symptoms reproduced on the stage. Before he played the part he went to a physician, and learned from him what to do and how to do it. The result was most admirable from the physician's point of view, for the acting of the death was not less perfect than that of the life.

In many plays the characters are supposed to take poison, and the popular belief as to the effects of poisons is as mistaken as it well can be. I have already spoken of the colic that follows swallowing arsenic. It is ordinarily believed that the effect of laudanum, or of opium in any form, is to put a person to sleep. Not only is this untrue of many people, but invariably the first effects of the drug are to enliven and excite the person taking it. When, then, you see the heroine in the dungeon swallow the contents of the bottle of laudanum and at once sink into a profound slumber, you are watching something that never yet took place. The secondary effect of opium, on probably eighty per cent. of human beings, is to put them to sleep, and, as this effect is much more lasting than the first excitement, it has possession of the popular mind.

The convulsions which so often follow the taking of poison on the stage may be produced by a common poison, strychnine. Properly speaking, strychnine does not produce convulsions in which there is a great and rapid movement of the limbs. The muscles of the back and the great flexor muscles of the legs and thighs are contracted into a sort of prolonged rigidity so that the sufferer is bent backward like a bow and often is supported by his head and heels, the body being arched between. Mlle. Croisette, in Paris, when playing in *La Sphinx*, created a great sensation and made a great name for herself. She went to Dr. Charcot, the eminent physician of Paris, and, learning from him the effects of poisons, chose strychnine and had the name inserted in the play. She studied carefully all that books could

tell her, and then procured several dogs and gave them the poison, watching the spasms which followed. She produced such a perfect simulation of the results following the swallowing of strychnine that, not only did the daily press praise her, but one of the medical journals devoted quite a long article to this part of the play and advised medical students to go to the theatre for the purpose of studying the symptoms of poisoning by strychnine. For one Croisette that you will find on the stage, however, you will easily see a hundred victims of poison who simply cause the physician to smile.

If there is anything more funny than the taking of poison on the stage and its results, it is the method used to save the life of those that have swallowed it. The first thing a physician does when called in to a case of poisoning is to make his patient vomit. It is a thousand times easier to get rid of such portions of the fatal dose as may not have been absorbed than it is to neutralize them, and for that reason strong emetics followed by the stomach pump are invariably resorted to. This could not be done, however, on the stage, even in these days of realism, because the audience would be disgusted, and very properly, too. But the antidotes used are very funny. I remember a melodrama which I went to see performed when I was a student—I have forgotten the name, but it had a long run at the Old Bowery Theatre—in which the heroine took arsenic by mistake. Of course she had the convulsions which stageland arsenic brings on—no other variety ever does—and the hero saved her! How? By scraping plaster off the walls and giving it to her in water. It was a noble act on that hero's part, and any hero who could make the alkali of lime neutralize arsenic not only deserved the hand, heart and fortune of the lovely heroine, but a leather medal from the nearest drug store for his knowledge of chemistry. A little time spent on books or with a physician would save authors of plays from asking impossibilities of the people in the cast.

The symptoms, that is, the violent symptoms of disease which, so far as I have been able to observe, are best known to actors and actresses are those of epilepsy. Perhaps because epilepsy is not uncommon, or perhaps because the convulsions which accompany its attacks have become a part of the traditions of the stage, you see either these or actions based on them in nearly every violent attack of illness or in nearly every death on the stage. It

is true that, so far as the action of convulsions is concerned, those of epilepsy are among the most dramatic known to medical men. There are the frothing at the mouth, the limbs violently distorted, the sudden and convulsive movements, the rigidity of the body broken up by the most extreme contortions ; all these are dramatic. But exactly why the symptoms of epilepsy should have become the conventional symptoms of heart disease, of consumption, of poisoning, of death by violence—in short, of every death on the stage—I do not quite understand. One result of it is the creation in the minds of a theatre-going people, such as we are, of the most strange ideas of death that may be imagined. I spoke in the first part of this article of the misconception existing in the popular mind of the dramatic as associated with death, and in the building up of this misconception the stage has done its part. I do not suppose that it matters very much, for as to all of us soon or late death will come, so it makes little difference what we think about it beforehand. Still, among what Sir Thomas Browne first called “the errors of the vulgar,” none are more complete than this.

To the well-regulated mind there is nothing more delightful on the stage than the work of that ancient and honorable body, the supers. It is among them, when the exigencies of the drama demand their deaths, that the most delicious methods of presenting the victory of the “grim conqueror” may be found. When the hero, in big hat, crimson sash, blue shirt and immaculately polished boots, stands with one arm around the heroine and deals death among the ignoble Red Men with his apparently inexhaustible revolver, then it is that one sees high art. The Red Man, in his buckskin shirt and feather head-dress, receives his death wound and wallops—I can find no better word—about the stage just in front of the practicable rocks for the space of five minutes. Even then he is not quite gone, for a convulsive kick at intervals shows the passing of his haughty spirit. When at last death comes to him, the physician goes home pondering to himself how many, many things there are that he does not know.

CYRUS EDSON.